

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 7, 2003

Re: IRO Case # M2-03-0410

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Anesthesiology and Pain Managment. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient has had low back pain since an injury in ___. She had lumbar surgery 3.5 years ago. There is evidence of significant anxiety depression. Her pain management physician has stated multiple diagnoses, and has performed multiple injections without long-term efficacy. The physical exam of the patient is nonspecific.

Requested Service

Behavioral pain Management Program 30 days x 8 hours

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

This patient is currently being treated with an antidepressant regimen including Zoloft 200 mg and Wellbutrin – unknown amount. There is no indication in the record as to duration of treatment or previous antidepressant therapy. Psychotherapy has been provided. Based on the records provided, there is not an indication for a behavioral pain management program since behavioral services have been provided. Changing the antidepressant regimen may provide better efficacy. I agree with a previous reviewer that ongoing depression and failure to respond to previous therapy are predictors of poor response to future therapy. Therefore, an intensive behavioral pain management program is excessive treatment and is not reasonable.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,
